B1000: Vision

B1000.	Vision
Enter Code	Ability to see in adequate light (with glasses or other visual appliances)
	Adequate - sees fine detail, such as regular print in newspapers/books
	Impaired - sees large print, but not regular print in newspapers/books
	2. Moderately impaired - limited vision; not able to see newspaper headlines but can identify objects
	3. Highly impaired - object identification in question, but eyes appear to follow objects
	A Severally impaired - no vision or sees only light, colors or shapes; eyes do not appear to follow objects

Item Rationale

Health-related Quality of Life

- A person's reading vision often diminishes over time.
- If uncorrected, vision impairment can limit the enjoyment of everyday activities such as reading newspapers, books or correspondence, and maintaining and enjoying hobbies and other activities. It also limits the ability to manage personal business, such as reading and signing consent forms.
- Moderate, high or severe impairment can contribute to sensory deprivation, social isolation, and depressed mood.

Planning for Care

- Reversible causes of vision impairment should be sought.
- Consider whether simple environmental changes such as better lighting or magnifiers would improve ability to see.
- Consider large print reading materials for persons with impaired vision.
- For residents with moderate, high, or severe impairment, consider alternative ways of providing access to content of desired reading materials or hobbies.

DEFINITION

ADEQUATE LIGHT

Lighting that is sufficient or comfortable for a person with normal vision to see fine detail

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B1000: Vision (cont.)

Steps for Assessment

1. Ask family, caregivers, and/or direct care staff over all shifts, if possible, about the resident's usual vision patterns during the 7-day look-back period (e.g., is the resident able to see newsprint, menus, greeting cards?).

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- 2. Then ask the resident about their visual abilities.
- 3. Test the accuracy of your findings:
 - Ensure that the resident's customary visual appliance for close vision is in place (e.g., eyeglasses, magnifying glass).
 - Ensure adequate lighting.
 - Ask the resident to look at regular-size print in a book or newspaper. Then ask the resident to read aloud, starting with larger headlines and ending with the finest, smallest print. If the resident is unable to read a newspaper, provide material with larger print, such as a flyer or large textbook.
 - When the resident is unable to read out loud (e.g. due to aphasia, illiteracy), you should test this by another means such as, but not limited to:
 - Substituting numbers or pictures for words that are displayed in the appropriate print size (regular-size print in a book or newspaper).

Coding Instructions

- **Code 0, adequate:** if the resident sees fine detail, including regular print in newspapers/books.
- **Code 1, impaired:** if the resident sees large print, but not regular print in newspapers/books.
- **Code 2, moderately impaired:** if the resident has limited vision and is not able to see newspaper headlines but can identify objects nearby in their environment.
- **Code 3, highly impaired:** if the resident's ability to identify objects nearby in their environment is in question, but the resident's eye movements appear to be following objects (especially people walking by).
- **Code 4, severely impaired:** if the resident has no vision, sees only light, colors or shapes, or does not appear to follow objects with eyes.

Coding Tips and Special Populations

• Some residents have never learned to read or are unable to read English. In such cases, ask the resident to read numbers, such as dates or page numbers, or to name items in small pictures. Be sure to display this information in two sizes (equivalent to regular and large print).

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B1000: Vision (cont.)

• If the resident is unable to communicate or follow your directions for testing vision, observe the resident's eye movements to see if their eyes seem to follow movement of objects or people. Though these are gross measures of visual acuity, they may assist you in assessing whether or not the resident has any visual ability. For residents who appear to do this, **code 3, highly impaired.**

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Examples

1. When asked about whether they can see fine detail, including regular print in newspaper/books, the resident responds, "When I wear my glasses, I can read the paper fine. If I forget to wear glasses, it is harder to see unless I hold the paper a little closer."

Coding: B1000 would be coded 0, Adequate.

Rationale: The resident can read regular print when wearing glasses.

2. The assessor asks the resident to read aloud from a newspaper, starting with larger headlines and then the smaller print. The resident is able to read the headlines but not the regular newspaper print.

Coding: B1000 would be coded 1. Impaired.

Rationale: The resident is able to read large, but not regular, print.

3. "I cannot read the newspaper headlines, even with glasses." When the assessor presents the resident with newspaper text, while wearing glasses, the resident is not able to correctly read the headlines. The resident is able to identify the objects on the table a few feet away.

Coding: B1000 would be coded 2, Moderately Impaired.

Rationale: The resident is not able to read large print (i.e., newspaper headlines) but is able to identify objects in their environment.

4. During the assessment, the resident states, "I cannot see much of anything at this point, I can see blurry shapes and I can tell what large objects are, but I cannot read books anymore—even the ones with giant print. I do okay recognizing my caregivers by their voices, but I couldn't tell you what they look like. Everyone's just a blob of color, even with my glasses on." The resident's eyes appear to follow the assessor when they move about the room. When the assessor presents the resident with newspaper text, while wearing glasses, the resident is able to appropriately reach for and successfully hold the paper but is not able to correctly read the headlines.

Coding: B1000 would be coded 3, Highly Impaired.

Rationale: The resident is able to follow objects and track movement in the environment (e.g., people moving throughout the room) but is unable to see people or objects in detail.

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